

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38778

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
 (b) Township Central Primary Registration District No. 6033
 (c) City Overland Mo (d) Street No. R. Rt. 7 St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Stumm

(a) Residence, No. R. Rt. 7 Overland Mo St. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 81 5 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. at Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pittsburg
 (STATE OR COUNTRY) Penn.

13. NAME Andrew Holley
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Anna Schneider
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. L. L. Vittetoe
2630 Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul Ch. 29, 1937

19. FUNERAL DIRECTOR (ADDRESS) William W. McLaughlin
2301 Lafayette

20. FILED 10-27-37 19 37 Eda Bachner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 - 1937

22. I HEREBY CERTIFY, That I attended/deceased from Oct. 15, 1937 to Oct. 26, 1937.
 I last saw him alive on Oct. 26, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Hemorrhage
 Date of onset 10-13-37

Other contributory causes of importance:
Arterio-sclerosis 10-1-35

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) St. J. G. Goff, M. D.
 (Address) Pattonville, Mo.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3638
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by
working under my personal supervision.

Signed L.R. Cooper, Registered Apprentice No.
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)